

MASSACHUSETTS DIVISION OF INSURANCE
LOCK BOX FILING FEE FORM [SRB-LB-1 (03/99)]

Check \$ _____

Check # _____

GROUP # _____

GROUP NAME: _____

NAIC # _____

COMPANY: _____

DATE ____/____/____

(YY) / (MM) / (DD)

CONTACT: _____

(e.g., January 5, 2000 = 00/01/05)

PHONE #: (____) ____-____ (ext:____)

FAX #: (____) ____-____

E-MAIL ADDRESS (if available): _____

1. LINE OF INSURANCE

Select H, L, or P: ☐

H = Accident & Health

L = Life

P = Property/Casualty

2. FILING TYPE

Select a Form or Rate code from below: ☐

Form Filing Codes (A-H) : (Fee \$75.00)

INDIVIDUAL FORM FILING:

A = Policy/Contract with Associated Materials

B = Rider, Endorsement, or Amendment Only

C = Application/Certificate Only

D = Other

GROUP FORM FILING:

E = Policy/Contract with Associated Materials

F = Rider, Endorsement, or Amendment Only

G = Application/Certificate Only

H = Other

Rate Filing Codes (1-4) : (Fee \$150.00)

1 = New Filing Rates

2 = Rate Increase

3 = Rate Decrease

4 = Other

3. FILING SUB-TYPE

Select a code from sub-type list (enclosed): ☐

4. FORM NUMBER

Enter only one Policy/Contract Form # or Company File/Filing #:

To Be Completed by Division of Insurance Personnel Only:

SRB File/Serial #: _____

Status: _____ Date: _____ Reviewer's Initials: _____

Status: _____ Date: _____ Reviewer's Initials: _____

Status: _____ Date: _____ Reviewer's Initials: _____

Status: _____ Date: _____ Reviewer's Initials: _____

Disapproval Paragraphs: _____